- **3.11 INTESTINAL ORGAN ALLOCATION**. The following policies apply to intestinal organ allocation which may include the stomach, small and/or large intestine or any portion of the gastro-intestinal tract as determined by the medical needs of individual candidates.
 - **3.11.1** <u>Degree of Medical Urgency.</u> Each candidate shall be assigned one of the following status codes which correspond to the medical condition of the candidate.
 - Status 7 A candidate listed as a Status 7 is temporarily inactive; however, the candidate continues accruing waiting time up to a maximum of 30 days. Candidates who are considered to be temporarily unsuitable transplant candidates are listed as Status 7.
 - Status 1 A candidate listed as a Status 1 has liver function test abnormalities and/or no longer has vascular access through the subclavian, jugular or femoral veins for intravenous feeding, or has other medical indications that warrant intestinal organ transplantation on an urgent basis.
 - Status 2 All candidates awaiting intestinal organ transplantation who do not meet the criteria for Status 1 will be classified as Status 2.
 - **3.11.2** Geographic Sequence for Intestinal Organ Allocation. Intestinal organs shall be allocated first to transplant candidates who are size compatible and have a blood type that is identical to that of the organ donor. These candidates will be followed by candidates who have a blood type that is compatible to that of the organ donor. Allocation shall be based on length of time waiting and in accordance with the following sequence:
 - To local Status 1 candidates first;
 - Local Status 2 candidates:
 - Status 1 candidates in the Host OPO's region;
 - Status 2 candidates in the Host OPO's region;
 - Status 1 candidates in all other regions; and
 - Status 2 candidates in all other regions.
 - **3.11.3** <u>Justification Form.</u> A Status 1 Justification Form must be submitted in UNetSM for the candidate's original listing as a Status 1 and each renewal as a Status 1.
 - **3.11.4** Combined Intestine-Liver Allocation. For combined intestine-liver allocation, the liver must first be offered:
 - according to the liver match run
 - sequentially to **each** potential liver recipient (including all MELD/PELD potential recipients) through national Status 1A and 1B offers.

The liver may then be offered to combined liver-intestine potential recipients sequentially according to the intestine match run.

3.11.4.1 Waiting Time Accrual for Combined Liver-Intestinal Organ Candidates. Waiting time accrued by a candidate for an isolated intestinal organ transplant while waiting on the Waiting List also may be accrued for a combined liver-intestinal organ transplant, when it is determined that the candidate requires the multiple organs.

3.11.4.2 Combined Liver-Intestinal Organs from Donors 0-10 Years of Age.

For donors 0-10 years of age, offers will be made using the liver match run with candidates prioritized as follows:

- Pediatric Liver Status 1A or 1B
- Regional Liver Candidates with a PELD > 20
- National Intestine Candidates with a PELD score

Combined Local and Regional

1. Pediatric Status 1A Liver and Liver-Intestine Candidates (age 0-17) in descending point order

National

- 2. <u>Pediatric Status 1A Liver and Liver-Intestine candidates (age 0-11) in</u> descending point order
- 3. Pediatric Status 1A Liver-Intestine candidates (age 12-17) in descending point order

Local

4. Adult Status 1A Liver and Liver-Intestine candidates in descending point order

Regional

5. Adult Status 1A Liver and Liver-Intestine candidates in descending point order

Combined Local and Regional

- 6. <u>Pediatric Status 1B Liver and Liver-Intestine candidates (age 0-17) in descending point order</u>
- 7. Pediatric Liver and Liver-Intestine candidates (age 0-11) by PELD greater than 20

National

- 8. Pediatric Status 1B Liver-Intestine candidates (age 0-17) in descending point order
- 9. Pediatric Liver-Intestine candidates (age 0-11) by PELD greater than 20

Combined Local and Regional

10. Pediatric Liver and Liver-Intestine candidates (age 0-11) by PELD less than or equal to 20

Local

- 11. Pediatric Liver and Liver-Intestine candidates (age 12-17) by MELD greater than or equal to 15
- 12. Adult Liver and Liver-Intestine candidates by MELD greater than or equal to 15

Regional

- 13. <u>Pediatric Liver and Liver-Intestine candidates (age 12-17) by MELD greater than or equal to 15</u>
- 14. Adult Liver and Liver-Intestine candidates by MELD greater than or equal to 15

Local

- 15. Other Pediatric Liver and Liver-Intestine candidates (12-17) by MELD
- 16. Other Adult Liver and Liver-Intestine candidates by MELD

Regional

- 17. Other Pediatric Liver and Liver-Intestine candidates (12-17) by MELD
- 18. Other Adult Liver and Liver-Intestine candidates by MELD

National

- 19. Pediatric Status 1A Liver candidates (age 12-17) in descending point order
- 20. Adult Status 1A Liver and Liver-Intestine candidates in descending point order
- 21. Pediatric Status 1B Liver candidates (age 0-17) in descending point order
- 22. Other Pediatric Liver and Liver-Intestine candidates (0-11) by PELD
- 23. Remaining Pediatric Liver and Liver-Intestine candidates (0-17) by MELD/PELD
- 24. Remaining Adult Liver and Liver-Intestine candidates by MELD

The amendments to Policy 3.11.4.2 (Combined Liver-Intestinal Organs from Donors 0-10 Years of Age) shall be effective pending distribution of appropriate notice and programming in UNetSM. (Approved at the June 2008 Board of Directors Meeting)

NOTE:

- 3.11.5 Removal of Intestinal Transplant Candidates from Intestine Waiting Lists When Transplanted or Deceased. If an intestinal organ transplant candidate has received a transplant, or has died while awaiting a transplant, the listing center, or centers if the candidate is multiple listed, shall immediately remove that candidate from all intestinal organ waiting lists and shall notify the OPTN contractor within 24 hours of the event. Except as specified in Policy 3.11.5.1, if the intestinal organ recipient is reinstated to an intestinal organ waiting list, waiting time shall begin as of the date and time the candidate is relisted.
 - 3.11.5.1 Waiting Time Reinstatement for Intestinal Organ Transplant Recipients. In those instances when there is immediate and permanent non-function of a transplanted intestinal organ, the candidate may be reinstated to the waiting list and retain the previously accumulated waiting time without interruption for that transplant only. For the purpose of this policy, immediate and permanent non-function shall be defined as an intestinal organ graft failure resulting in removal of the organ within the first 7 days following transplantation. Waiting time will be reinstated—upon receipt by the Organ Center of a completed Intestinal Organ Waiting Time Reinstatement Form and documentation, including but not limited to, the candidate operative report. The OPTN contractor will notify the OPO serving the recipient transplant center of the relisting and forward a copy of the relisting form to that OPO.
- 3.11.6 Waiting Time for Intestinal Organ Transplant Candidates in an Inactive Status.

 Candidates shall be allowed to accrue an aggregate of 30 days inactive status waiting time. A candidate's waiting time accrued during each occurrence of inactivation shall be calculated on a cumulative basis so that once the 30 day aggregate limit is reached no additional waiting time shall accrue on further occurrences of inactivation.